



ARIZONA BOARD OF OCCUPATIONAL THERAPY EXAMINERS

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VERIFICATION OF LICENSURE STATUS

INSTRUCTIONS FOR USE: Make a copy of this form for each State in which you are or have been licensed. Complete the applicant portion of the form and send a form to each State's licensing Board or Agency in which you are or were licensed.

APPLICANT TO COMPLETE THIS SECTION

Name: _____ OTR: _____ COTA: _____

Social Security Number: _____ License Number: _____

NBCOT Number: _____ Date Granted: _____

Applicant's Address: _____
(Street) (City) (State) (Zip)

Signature: _____ Date: _____

THE BELOW IS TO BE COMPLETED BY THE LICENSURE BOARD/AGENCY OR SENT WITH EQUIVALENT DOCUMENTATION ATTACHED TO THE ARIZONA BOARD OF OCCUPATIONAL THERAPY EXAMINERS AT THE ABOVE ADDRESS.

Licensee's license number: _____ Licensed as: _____

(OTR) (COTA)

Date issued: _____ Date of expired: _____

License issued on bases of: NBCOT Certification _____ Endorsement _____ Other _____

Has disciplinary action been taken against licensee: _____
(Yes) (No)

Is there any disciplinary action pending? _____
(Yes) (No)

Indicate the reason for disciplinary action: _____

Completed by: _____ Signature: _____
(Please print or type)

Telephone No. () _____ - _____ Dated: _____

Title: _____ Agency: _____

(SEAL)

Form 104 Revised 4/16/2001